



**DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 WEST SARATOGA STREET
BALTIMORE, MARYLAND 21201**

DATE: March 15, 2017

POLICY#: SSA-CW # 17-19

TO: Directors, Local Departments of Social Services
Assistant Directors, Local Departments of Social Services
Fiscal Officers

FROM: Rebecca Jones Gaston, MSW 
Executive Director
Social Services Administration

Stafford Chipungu, Chief Financial Officer 
Budget Management and Finance

RE: Utilization of Families Blossoms/IV-E Waiver Funds
Replaces SSA- CW Policy # 17-10

PROGRAMS AFFECTED: CPS and Family Preservation Services; Placement and
Permanency Services

ORIGINATING OFFICE: Outcomes Improvement Unit

ACTION REQUIRED OF: All Local Departments of Social Services

ACTION REQUIRED: Implementation of Families Blossom Funds

ACTION DUE DATE: March 16, 2017

CONTACT PERSONS: Rena Mohamed
Director, Outcomes Improvement
410-767-7060
rena.mohamed@maryland.gov

PURPOSE:

This is a revision to the document previously published regarding “Utilization of Families Blossom/IV-E Waiver Funds” issued on November 1, 2016. The purpose of this policy directive is to provide updated guidance on the utilization and reporting requirements for Families Blossom funds.

The IV-E Waiver Demonstration Project (known as Families Blossom) provides an opportunity to create a family-centered, strengths-based and trauma-responsive child welfare system of care. SSA intends for Families Blossom funds to be used both for the individual needs of children, youth, and families discussed below as well as to meet the local service, program, and infrastructure needs that could prevent entries and re-entries into foster care or that can lead to the improved outcomes in safety, permanency, and well-being. Family Support and EBP funds both can be used to benefit children and families with an open CPS, In Home, or OOH child welfare case, as well as those who are at risk of child welfare involvement but may not have come to the attention of the Department.

FAMILY SUPPORT FUNDS:**1.1 Action**

Annually, DHR’s budget office allocates Family Support Funds to each LDSS. Allocations will consider the total number of children served (beginning of the year plus all new entries), in Child Protective Services (CPS), In-Home, and Out-of-Home (OOH) program assignments, as reported in the Child Welfare Data File/Trends report as well as proposals submitted by each LDSS. The final amount of Family Support Funds is based upon negotiations between the LDSS and DHR/SSA.

LDSS are encouraged to use Family Support funds to address child and family needs that cannot be addressed with other funding sources. To the greatest extent possible, decisions about the use of Family Support Funds should be data-driven and should be made in consultation with stakeholders, partners, service providers, families, resource parents, and youth. Jurisdiction-specific data on service needs, gaps in availability, or access to services, as well as outcomes, should be factored into the determination of the supports and services that will be funded. Assessment data from the MFRA, SAFE-C, and CANS/CANS-F may provide LDSS with a better understanding of the service needs of children and families with open cases. These data, as well as data on non-CPS referrals, may also be useful in determining the kinds of services and supports that could be used to prevent children and families from becoming involved with the child welfare system or entering OOH placement. When making decisions, LDSSs should consider the potential for sustainability, including financing strategies beyond the end of IV-E Waiver (September 2019).

Although Family Support Funds may be used to meet the immediate needs of children and families, LDSS are encouraged to utilize these funds to build local capacity for family-centered, strengths-based and trauma-responsive child welfare practice and to develop or expand a local service array aligned with family and children’s needs, inclusive of needs for substance use disorder treatment.

Examples of uses for Family Support funds include, but are not limited to:

- Expansion of existing services to populations that could not previously be served
- Start-up costs for new services that fill gaps in the service array
- Building capacity of community partners to provide family-centered, strengths-based and trauma-responsive services

Funds may also be used for services for children and families that are included in their service plan. The services provided must tie to child/family safety, permanency, and or well-being. At the time of referral the child/family should:

- a) Have an open child welfare case with a program assignment Child Protective Services (Auxiliary Services/Investigative Services Provided) or Out-of-Home; or
- b) Be in program assignment In-Home Services AND assessed to be only “conditionally safe” per the SAFE-C AND/OR score at “moderate” or “high” risk on the MFRA; or
- c) Be in In-Home Services AND exited from Out-of-Home care within the last 12 months.

Services may include, but are not limited to:

- Transportation for clients to assist with accessing services and supports.
- Services not usually available to youth and families, especially teens that would assist them in life planning (life coaches, employment counseling, certificate programs, apprenticeships, etc.).
- Sex trafficking prevention curriculums for youth in care or in contact with Child Welfare.
- Specific therapies that may not be available via MA (trauma certified therapist, motivational therapy, meditation, art therapy, etc.).
- Courses of interest to youth that are not covered in school (pottery, music, art, gymnastics, fashion, cooking classes, carpentry, etc.).
- Recreational activities not usually available due to funding (fees for girl scouts, boy scouts, sports teams, yoga, military arts, etc.).
- Payments to a family friend, church member, identified neighbor who can act as a “buddy” or support on an issue that a family may need help with (parenting, organizing a home and maintaining it clutter free and clean, planning meals, etc).
- Purchasing items that are not always allowable but can be helpful to families (books, games, tablets, computers, DVDs, etc.).
- Training and/or support for foster parents to meet a specific child’s needs.

Note: Waiver funds may be used for training if the training impacts practice and expands existing service array and IT equipment if the EBP requires technology. Please contact DHR/SSA for approval.

Please note that these funds **cannot** be used for the following:

- To procure a consultant or provide staff training that is available through the Child Welfare Training Academy;
- To purchase IT equipment and office supplies;
- Staff attendance at trainings and conferences; and
- To create staff positions.

1.2 Charge Codes for Family Support Funds

Family Support Funds have both MD CHESSIE codes and Local Administrative codes which can be used for local expenditures. All of these codes can be accessed through either CPS, In-Home, or Out-of-Home Services in MD CHESSIE.

- a. **2113** – IV-E Waiver Project Interventions, for direct client services in MD CHESSIE
- b. **0343.02, GC280** in the Local Child Welfare Administrative Accounts

Note: Any LDSS utilizing Family Support funds to implement an identified Families Blossoms/IV-E Waiver intervention, should use the charge codes found in Section 2.2b. (i.e. If an LDSS is implementing Family Functional Therapy (FFT) using Family Support funds, activities should be charged to Behavioral/Mental Health)

1.3 Documentation Requirements for Family Support Funds

For client specific expenditures recorded in MDCHESSIE, the worker must enter a detailed justification on how the service provided is related to the safety, permanency/and or well-being of the child/family.

Client Details						
Client Name: Dresser, Bridget		Client ID: 20003600 CIS ID: 431009754 DOB: 07/28/1970 Gender: Female				
Service Log Details						
Service: Furniture (Paid)		Provider: ABC Company				
Start Date: 02/17/2017		End Date: 00/00/0000				
Description:						
List						
Authorization ID	Actual Amount	Fiscal Category Code	Authorization Start Date	Authorization End Date	Cost Not to Exceed	
408960	\$0.00	IV-E Waiver Project Interventions (2113)	02/17/2017	02/17/2017	\$300.00	
Detail						
*Fiscal Category Code: IV-E Waiver Project Interventions (2113)					Funding Approved: Payment Approved: Final Amount: \$0.00	
*Start Date: 02/17/2017		*End Date: 02/17/2017				
*Cost Not to Exceed: \$300.00		*Voucher Requested: No				
*Justification: Paul is sleeping in mother and father's bed. The purchase of this crib will promote safe sleeping and prevent infant fatality.						
<input type="checkbox"/> The service being procured benefits the child and is related to the child's impairment, OR there is written authorization that the Social Security Administration determines the expenses to be appropriate. <input type="checkbox"/> Non-Recurring (OTO)/SSA Approval Required						
Child Account Funds Print Purchase Authorization Approval						

EVIDENCE-BASED PRACTICE FUNDS

2.1 Action

Annually, DHR's budget office allocates funding to identified LDSSs selected through the SFY 2016 Waiver Concept Paper selection process. The amount of Evidence-Based Practice (EBP) funds is based upon negotiations between the LDSS and DHR/SSA.

Evidence Based Practice funds are to be dedicated to the development and implementation of the specifically approved evidence-based or promising practice as described in the submitted LDSS Waiver Concept Paper and/or in subsequent negotiations with DHR/SSA.

2.2 Charge Codes for EBPs

Evidence Based Practice funds have both MD CHESSIE codes and Local Administrative codes which can be used for local expenditures. All of these codes can be accessed through either CPS, In-Home, or Out-of-Home Services in MD CHESSIE.

- a. **2113** for IV-E Waiver Project Interventions for direct client services and the specific EBP based on the chart below:

EBP	SERVICE CATEGORY	SERVICE	DESCRIPTION FOR USE
SafeCare	Basic Living	SafeCare Parent Skills Training EBP	Used for families referred to SafeCare as an agency provided service
SafeCare	Basic Living	Infant and toddler Program (4-5) EBP (paid)	Used to pay for SafeCare support services listed in service plans (i.e. cribs, socket covers, car seat, etc) for families receiving SafeCare services regardless of the age of the child
PCIT	Counseling	PCIT EBP	Used for families referred to PCIT as a non-paid service
Incredible Years	Counseling	Incredible Years Parenting Skills Training EBP (paid)	Used for families referred to Incredible Years in order to pay for service
Nurturing Parenting	Counseling	Nurturing Parenting Parent Skills Training EBP (paid)	Used for families referred to Nurturing Parenting in order to pay for service or as nonpaid service
CBT+	Mental Health	CBT+	Used for families referred to CBT+ as a non-paid service
FFT	Mental Health	Functional Family Therapy (FFT) EBP (paid)	Used for families referred to Nurturing Parenting in order to pay for service or as nonpaid service
STEPS	Mental Health	STEPS EBP (paid)	Used for families referred to STEPS in order to pay for service or as nonpaid service
FAST	Mental Health	FAST EBP (paid)	Used for families referred to FAST in order to pay for service or as nonpaid service
Wraparound	Mental Health	Wraparound EBP (paid)	Used for families referred to Wraparound in order to pay for service or as nonpaid service
All EBPs	Transportation	Transportation Assistance EBP (paid)	Used to pay for transportation assistance provided to families referred to Families Blossom/IVE Waiver EBP services

- b. There are multiple codes available to charge in the Local Child Welfare Administrative Account. Activities should be charged according to the specific category:

Parent Training:

Parent training services or supports for parents/caregivers for the prevention of child maltreatment including but not limited to SafeCare, Nurturing Parenting, and Incredible Years should be charged to Project/Subproject **0343.03; GC290.**

Integrated Practice:

Services to support implementation of an evidence-based child welfare practice model, including Solution Based Casework, should be charged to Project/Subproject **0343.04; GC300**.

Substance Abuse Programs:

Interventions designed to serve or support parents, caregivers, or youth with a substance use disorder should be charged to Project/Subproject **0343.05; GC320**.

Behavioral/Mental Health:

Behavioral/mental health prevention, early intervention and/or treatment services including but not limited to Partnering for Success/ CBT+, PCIT, FFT, STEPS, and FAST should be charged to Project/Subproject **0343.06; GC330**.

2.3 Documentation Requirements for Evidence-Based Practices

For client specific expenditures recorded in MDCHESIE, the worker must select the specific EBP for services provided.

Select Services - Service Cases (#20000727)

Select

Program: Auxiliary Services

Service Category: Mental Health Services

Services

- CBT/ CBT+ (Cognitive Behavior Thera
- Child Development (Paid)
- Child Development-EBP-Medicaid (No
- Child Development-EBP-Other Fund (f
- Child Development-EBP-Private Ins (N
- FAST-EBP (Paid)
- Group Counseling (Paid)
- Group Counseling-EBP-Medicaid (Nor
- Group Counseling-EBP-Other Fund (N
- Group Counseling-EBP-Private Ins (Nc
- Ind Counseling-Direct-EBP-Medicaid(f

Add >>

<< Remove

Selected Services

- Mental Health Services/ Wraparound-EBP (Paid)

OK Cancel Help

Client Name: Candy, Kenny		Client ID: 20007002 CIS ID: 464009604 DOB: 04/04/2009 Gender: Male							
Agency Provided Services		Referred Services							
<table border="1"> <thead> <tr> <th>MD CHESSIE Provider ID</th> <th>Provider Name</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>20000520</td> <td>Clinical Associates</td> <td>Mental Health Services/Wraparound (Non-Paid)</td> </tr> </tbody> </table>				MD CHESSIE Provider ID	Provider Name	Service	20000520	Clinical Associates	Mental Health Services/Wraparound (Non-Paid)
MD CHESSIE Provider ID	Provider Name	Service							
20000520	Clinical Associates	Mental Health Services/Wraparound (Non-Paid)							
Service Details MD CHESSIE Provider ID: 20000520 Provider Name: Clinical Associates Service: Mental Health Services/Wraparound (Non-Paid) *Date Referred: 02/24/2017									
*Client Program Assignment: In-Home Services/Family Preservation Select									
*Estimated Begin Date: 02/24/2017		*Estimated End Date: 03/17/2017 Court Ordered							
*Frequency: Weekly		*Duration: 1 hour per visit Edit							
Description:									
<input checked="" type="checkbox"/> Service Received									
Actual Begin Date: 02/24/2017		Actual End Date: 00/00/0000							
*Service End Reason:		Other clients in household receiving service: Select							
Outcome:									
<input type="checkbox"/> Service not Received									
Reason Service not Received:									
Purchase Authorization		Search							

REPORTING REQUIREMENTS

3.1 Action:

LDSS entering into contractual agreements with a vendor for specific services funded using Family Support or EBP funding are required to include a mechanism for tracking and monitoring services provided. If services are supporting children and/or families currently with an open CPS, In-Home, or OOH child welfare case, information from the vendor must include:

1. Name of child or parent served
2. DSS Referral source (i.e. CPS, FP, OOH)
3. Date child/family referred to services
4. Dates of services began and ended

If services are supporting children and families at risk of involvement with child welfare but are not yet known to the Department, information from the vendor must include the number of unduplicated children/families served during the reporting period.

Annually, each LDSS must submit a fully detailed proposal and work plan for Family Support funds and for specific jurisdictions, Evidence-Based Practice funds.

Proposals should be based on the previous year's allocation and estimate future budget needs. The proposal must provide an adequate description of the service(s), target population, projected number to be served, statement of need, anticipated outcomes, alignment with SSA priorities, improvement measures, and should clearly state the funding needs of the LDSS (See Attachment A). Proposals must be submitted by May 15th, of each year, to Administrative Specialist, SSA Office of Outcomes Improvement.

A work plan (See Attachment B) outlining goals, implementation activities, action steps, and timelines must be submitted by August 15th, of each year, to Administrative Specialist, SSA Office of Outcomes Improvement.

A Quarterly Expenditure Report, specifying expenditures and number of families and children served, must be submitted to Administrative Specialist, SSA Outcomes Improvement (see Attachment C). In addition, LDSS must provide a Quarterly Program Report (Attachment D) describing their accomplishments during the quarter, barriers to implementation, identified solutions, priorities for the next quarter, any technical assistance needs, and any substantial updates to their work plan, if applicable. The quarterly report submission dates and periods covered are as follows:

<u>Submission Dates</u>	<u>Periods Covered</u>
October 15	July 1 – September 30
January 10	October 1- December 31
April 15*	January 1-March 31
July 10	April 1-June 30

****For FY17 the April 15th submission should reflect year to date expenditures (7/1/16 – 3/31/17)***

An LDSS that fails to submit a yearly proposal, yearly work plan, and quarterly reports will risk reduction and reallocation of their Families Blossoms funds to another LDSS.

MONITORING

4.1 Action:

Families Blossoms allocation for each SFY and all expenditures for services rendered between July 1 and June 30 must be liquidated (services provided and paid for) or encumbered by June 30 of each year. Prior year encumbrances may not be carried over to a third year and must be liquidated by June 30 of the second year. Financial reports will be used to monitor expenditures.

SSA will be closely monitoring the expenditures of each LDSS at the end of each quarter. The quarterly expenditure report should total to the sum of all quarterly charges and expenditures must be reconciled to R*STARS and the 302 reports to ensure that the data reported is consistent. If one-half (1/2) of the LDSS allocation is not spent by January 2, of each year, the remaining funds may be reallocated to another LDSS that is spending their Families Blossoms funds.

TECHNICAL ASSISTANCE & EVALUATION

5.1 Action:

All LDSS are expected to engage in technical assistance and evaluation activities related to the planning and use of Families Blossom Family Support and EBP funds. Technical assistance may be provided by SSA or its contracted partners. All LDSS are expected to collaborate with The Institute for Innovation & Implementation at the University of Maryland School of Social Work with regard to the collection and analysis of the data for the Family Support and EBP activities. Such collaboration includes implementing data sharing agreements as needed and facilitating the

implementation of such agreements with contracted providers, as appropriate. LDSS and its contracted providers are expected to provide requested data and clarification to The Institute to assist with implementation, fidelity and outcomes monitoring, and the overarching Title IV-E Waiver evaluation. SSA and its partners are committed to providing the LDSS with their own data and supporting them to continuously improve implementation to achieve the mutually desired outcomes of improved safety, well-being, and permanency for all children and families in Maryland.

Please share this information with your child welfare and fiscal staff. You may contact the SSA Director of Outcomes Improvement at 410-767-7060 with any questions/requests for policy clarification. You may also contact the EBP Director at the Institute for Innovations and Implementation, University of Maryland, School of Social Work at 410-706-2542 for technical assistance with your proposals and work plans.

Proposal for Utilization of Families Blossoms/IV-E Waiver Funds

Jurisdiction: _____ **FY:** _____

☐ **EBP FUNDS** ☐ **FAMILY SUPPORT FUNDS**

Person Completing Form: _____

Directions: Please complete the document below to describe your proposed use of Family Blossom funding. If your jurisdiction has received EBP and Family Support funding please complete a separate form for each allocation.

1. Brief Overview and Funding Request

Describe proposed use of Families Blossoms/IV-E Waiver Funds in FY 18 as well as the amount requested for each service/intervention. Is this new or a continuation and/or expansion of existing effort? If it is a continuation or expansion, *briefly* summarize some of the successes to-date and how you have addressed or are planning to address barriers. If this is an established service, please describe service

Proposed Service/Intervention	Proposed Funding Amount

2. Characteristics of children and/or families to benefit from proposed services (e.g. Eligible or Target Population)

Which children and families are you intending to serve with these funds? (Examples: Families with children under 5 who are receiving in-home services *or* Youth entering foster care after age 13 *or* Families with a caregiver who has an identified substance use disorder with an open child welfare case).

3. Projected number of children and families to be served in FY18 (If you are providing funding to an external provider as start-up funds, please estimate the number of children and families to be served once the service is available and please provide that timeframe.)

4. Statement of need

Why is this a needed use of funds? Can this need be addressed by other means (e.g. available funding sources or partners)?

5. Alignment with priorities

Which SSA headline measure(s) are you prioritizing with these funds? How will these funds help you to turn the curve?

6. Continuous Quality Improvement Measures

- How will you measure? How much you have done? (i.e. number of families/children served, number of new services, number of sessions of an intervention, etc)
- How well you have done it? (satisfaction, fidelity, and other quality measures)
- If children and families are better off? (outcomes measures, population measures, headline measures)

7. Partnership and Capacity

Who will be involved? Are there other LDSS's and/ or government agencies involved? How are you engaging families? How are you engaging youth? What is the experience of key partners that can contribute to success?

8. Sustainability

If this effort is to continue in future years, please describe. How might you begin to plan for sustainability of the effort in future years?

**Maryland Department of Human Resources
Social Services Administration
Families Blossom
Quarterly Reporting Instructions**

Overview:

The instructions provide directions to the local departments to complete the quarterly reports. The quarterly reports are required to be submitted as instructed in Policy Directive SSA/CWS #17-19. The timelines provide DHR/SSA with the necessary information to complete the Waiver semi-annual report.

Instructions:

Reporting Period: Select the reporting period for which you are providing information from the drop-down list.

<u>Period Covered</u>	<u>Submission Deadline</u>
July 1 - September 30	October 15th
October 1 - December 31	January 10th
January 1 - March 31	April 15th*
April 1 - June 30	July 10th

****For FY17 the April 15th submission should reflect year to date expenditures (7/1/16 – 3/31/17)***

Local Department: Select the local department from the drop-down list.

Contact Name: Enter the name, number, and email of the person completing the report.

Enter a line item for each service paid for using Families Blossom (Title IVE Waiver) funds during the reporting period.

Note: for direct services provided to meet the immediate needs of children/families (e.g., rent, electricity bills), provide the total sum on one line rather than entering each expenditure on a separate line.

Activity Type: Select the activity type from the drop-down list.

- a. Prevention: services provided to prevent child welfare involvement
- b. Evidence-Based Practice: development and implementation of evidence-based or evidence-informed interventions
- c. Other Services: other services provided to in-home and/or out-of-home populations, excluding evidence-based practices (e.g., drug treatment slots)
- d. Direct Services to Children/Families: services provided to meet the immediate needs of children and families

Target Population: Select the target population from the drop-down list.

- a. At-risk children/families: children/families without open DSS cases
- b. CPS/Family Preservation: children/families with an open DSS child welfare in-home case
- c. Placement/Permanency: children/families with an open DSS child welfare out-of-home case
- d. Individual families/children: individual families/children with open DSS child welfare cases (CPS, in-home, or out-of-home) - select for services provided to meet immediate needs

Charge Code: Select the Project for which non-child and family specific expenditures were charged.

- a. IV-E Waiver Projects G2980: Implementation activities for the IV-E Demonstration Waiver's initiatives including evidence-based practices and trauma-informed care services and supports.
(Inactive effect 12/31/16)
- b. Family Support Funds GC280: Services or activities for children and families including, but not limited to: prevention services, transportation, incentives, education, child care, housing assistance, etc.
- c. Parent Training GC290: Parent training services or supports for parents/caregivers for the prevention of child maltreatment including but not limited to SafeCare, Nurturing Parenting, and Incredible Years
- d. Integrated Practice GC300: Services to support implementation of an evidence-based child welfare practice model, including Solution Based Casework
- e. Substance Abuse Programs GC320: Interventions designed to serve or support parents, caregivers, or youth with a substance use disorder
- f. Behavioral/Mental Health GC330: Behavioral/mental health prevention, early intervention and/or treatment services including but not limited to Partnering for Success/ CBT+, PCIT, FFT, STEPS, and FAST
- g. MD CHESSIE payment charged to 2113 IV-E Waiver Project Interventions

Activity Funding Source: Select the Waiver funding source charged from the drop down list.

Amount: Enter the amount charged to the activity/project

Prior Fiscal Year (PFY): Based on the amount spent for the indicated activity/service, enter the amount if it was applied to the prior year. This is for money allocated in a prior fiscal year and spent against accruals, encumbered, and obligated funds.

Current Fiscal Year (CFY): Based on the amount spent for the indicated activity/service, enter the amount charged to the current year. This is for money allocated in the current year and spent in the current year.

Numbers Served: Provide unduplicated counts of the number of children and families served.

Children Served: Enter the number of children served during the reporting period charged to the particular activity/ service.

Families Served: Enter the number of families served during the reporting period charged to the particular activity/ service.

Description of Activity Service: Describe the service or activity charged.

Detailed Expenditure Report

Reporting Period:

Local Department:

Contact of Person Completing this form:

Activity Type	Target Population	Charge Code	Activity Funding Source	Amount		Numbers Served		Description of Activity/Service
				PFY	CFY	Children	Families	
Total				0.00	0.00	0	0	0

FAMILIES BLOSSOM QUARTERLY PROGRAM REPORT

Jurisdiction: _____ FY: _____ ☐ EBP FUNDS ☐ FAMILY SUPPORT FUNDS

Reporting Period: ☐ 1st Quarter (7/1 – 9/30) ☐ 2nd Quarter (10/1 – 12/31) ☐ 3rd Quarter (1/1 – 3/30) ☐ 4th Quarter (4/1 – 6/30)

Person Completing Form: _____

Please provide information on the status of your implementation

ACCOMPLISHMENTS DURING THE REPORTING PERIOD
BARRIERS TO IMPLEMENTATION
PROPOSED SOLUTIONS
PRIORITIES FOR THE NEXT QUARTER
ANTICIPATED TA NEEDS